MODERATOR:
Welcome to today's Coffee Break presented by the Applied Research and Evaluation Branch in the Division for Heart Disease and Stroke Prevention at the Centers for Disease Control and Prevention.

We are fortunate to have **Joanna Elmi and Jack Chapel** as today's presenters. **Joanna is a Health Scientist and Jack is an ORISE Fellow on the Evaluation and Program Effectiveness Team in the Applied Research and Evaluation Branch.**

My name is **Sharada Shantharam** and I am today's moderator. I am an **ORISE Fellow** on the **Applied Research and Translation Team**.

Before we begin

All phones have been placed in SILENT mode.

Issues or questions:
- ❑ Q & A box on your screen
- ❑ AREBheartinfo@cdc.gov

MODERATOR:
Before we begin we have a few housekeeping items.

All participants have been muted. However, to improve audio quality please mute your phones and microphones.

If you are having issues with audio or seeing the presentation, please message us using the chat box or send us an email at AREBheartinfo@cdc.gov. Also, if you have questions, type those into the chat box as well or send them to AREBheartinfo@cdc.gov and we will share your questions with the presenters.

Since this is a training series on applied research and evaluation, we hope you will complete the poll at the end of the presentation and provide us with your feedback.
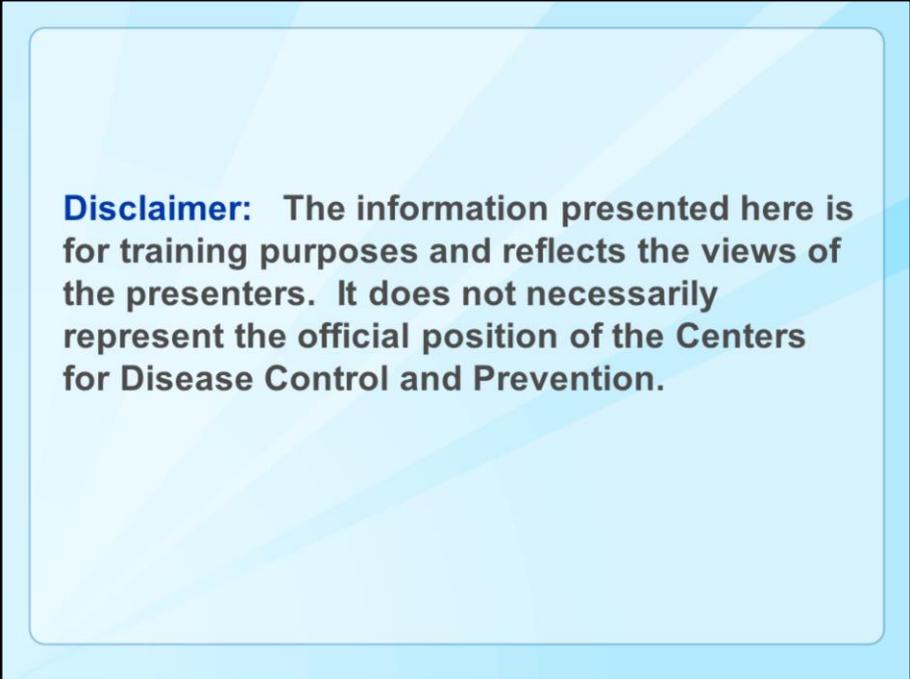
Disclaimer: The information presented here is for training purposes and reflects the views of the presenters. It does not necessarily represent the official position of the Centers for Disease Control and Prevention.

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So, without further delay. Let's get started. **Joanna,** the floor is yours.

THE CDC HEALTH SYSTEMS SCORECARD

Thank you, Sharada.

Presentation Overview

- Background and purpose
- HSSC content
- E-version demonstration
- HSSC tool development
- Dissemination
- Q&A

HSSC: Health Systems Scorecard

(Joanna has 7 minutes for all her slides besides the demo)

During this presentation, I'll discuss the background and purpose of the Health Systems Scorecard, and the Scorecard content. Then Jack will give a demonstration of the web-based version of the Scorecard. I'll continue on with the steps involved in the tool development process, and CDC's plans for dissemination. We'll wrap up with Q&A.

Background and Purpose

❑ **A voltary quality improvement tool to assist:**
  ▪ CDC-funded state and local public health programs better understand implementation of evidence-based strategies in partner health systems
  ▪ Small to medium sized health systems to assess current primary care practices, identify possible gaps, and prioritize strategies with highest impact

❑ **Health conditions included:**
  ▪ high blood pressure, high cholesterol, prediabetes or diabetes, obesity, chronic obstructive pulmonary disease (COPD), cancer, or tobacco use

Addressing chronic diseases and associated health risk factors is a pressing and costly challenge for the US healthcare system. Yet, there is a lack of standard approaches to assess the current state of primary care management strategies and processes for adults with high blood pressure, high cholesterol, prediabetes or diabetes, obesity, COPD, cancer, or who smoke.

The Health Systems Scorecard was developed as a voluntary quality improvement tool that can be used by health departments to
better understand how evidence-based strategies are being implemented by small to medium-sized health systems in their state,
and to identify possible gaps and prioritize high impact strategies for the improved management of chronic disease.

Results from the Scorecard can be used by health systems and health departments to guide a dialogue on chronic disease management and potential improvements.

Content: Evidence-Based Modules

- A: Using multidisciplinary teams for care management
- B: Clinical guidelines
- C: Electronic health record (EHR) systems
- D: Patient tracking systems
- E: Clinical decision support and protocols
- F: Patient education
- G: Self-management and care management
- H: Ask, Advise, Refer (AAR) guidelines on tobacco use cessation
- I: Guidelines for screening for breast, cervical, and/or colorectal cancer

The scorecard consists of approximately 60 binary questions about evidence-based health system policies that can be completed by health systems to assess their own policies.

Domains of inquiry include policies that support use of multi-disciplinary care teams, clinical guidelines, electronic functions for managing patient health and follow-up, clinical decision support, patient education and self-management, tobacco use cessation, and screening for breast, cervical, and/or colorectal cancer.

As Jack will demonstrate, these modules can be completed at different times or all together in one sitting.

Module Structure

❏ **Stratified certain modules:**
- by disease (high blood pressure, high cholesterol, prediabetes or diabetes, obesity, or COPD) – Modules B, E, F, G
- by cancer type (breast, cervical, colorectal) – Module I

❏ **User indicates existence/non-existence of evidence-based policy in health system**
- No
- Yes (scoring of 1-3 based on strength of evidence)

4 Modules: clinical guidelines, clinical decision supports and protocols, patient education, and self-management and care management are stratified by disease type and module I is stratified by cancer type. Stratifying these modules allowed for a more targeted assessment and scoring process.

For each Scorecard item, the user indicates "yes" or "no" to whether their health system has a policy in place in the past 12 months to support the strategy. A score of either 1, 2 or 3 is assigned to each "yes" response. The scoring is based on the quality and strength of evidence that the strategy can impact the disease or condition outcome.

Output: User Report & Recommendations

❑ After completion of module(s), system produces final score and recommendations

❑ Health system may share results with partner health department to guide a dialogue about potential improvements and resources

❑ *No data will be shared with or stored by CDC*

After the user completes a module or modules, the system will produce a final score and a list of recommended resources for areas were the health system scored low.

If desired, the health system can choose to share the results with the partner health department to guide a dialogue about potential improvements and useful resources.

And, just as a reminder, n*o data will be shared with or stored by CDC.*

E-VERSION DEMONSTRATION

Now Jack will provide an e-version demonstration of the Scorecard that is in FormSite.

(Jack will switch over to Formsite to walk through the tool. This should take about 8 minutes)

Thanks Joanna. We'll now run through a quick demonstration of e-version of the score card to show you exactly how it works.

We start off with some basic instructions. We recommend the person completing the scorecard be someone at the health system level who is most knowledgeable about the policies and protocols in place related to prevention, management, and care of chronic disease. We then include some basic instructions for how to complete the scorecard, which I'll go over as we proceed through the demo.

The first question in the scorecard asks which of the 9 modules the user would like to complete. You could choose to complete the scorecard for all included topics at once, or you could choose to just complete one or a few modules at a time. For this demo we'll just go through the first two.
You can see module B is one that we have stratified by disease. Similar to the modules themselves, you can choose whether you'd like to complete the scorecard for all included

diseases or just a subset. For now let's go with high blood pressure and cholesterol.

We then move on to the first selected module, in this case module A. Before getting into the questions, I want to note a couple features that are common across all modules. First, you'll note the link to the citations included in the heading of every module. Following this link will bring you to the full list of citations for the supporting sources used for the development of the scorecard and its questions. While the link in each module will bring you straight to that module's citations, the full list for all topics is included. For each reference, we also provide a link to the full source.

You'll also note the terms bolded in blue in the questions. These are our glossary terms that some users may want extra info or clarifications on. For each of these terms, you can hover over it to see a brief definition, or you can click to be brought to the full glossary. In the glossary we provide full definitions for each term, as well as some extra resources where more information can be found.

Now let's get into actually completing the scorecard questions. The first in this module asks if the health system has a policy to use multidisciplinary teams, we'll go with "yes" here. You can see that after selecting "yes" another question appeared. For a couple modules we include some skip patterns like this. In this case, since we responded the health system does have a policy to use multidisciplinary teams, the scorecard asks a follow up question related to those teams, whether they include at least a nurse or pharmacists. If we had selected "no", a different question appears, asking if the systems refers patients to specialized clinics, the next best option after team based care. For our example we'll stay with yes.

Carrying on through the questions let's say this health system does have collaborative practice agreements in place for pharmacists or CHWs, and say the pharmacists do not provide CDTM or MTM.

You'll also note this extra question at the bottom. This question is not included in the scoring, but having it allows the user to still see and think about the question. In this case, the user can see the possible options that exist for health care teams, and they can think about what they normally include or where they could add.

Before moving on I'll also note that you can navigate between modules with the arrows at the bottom and all answers will be saved. You can even navigate back to the beginning and add a module while in the middle of completing the scorecard. However, although all answers are saved while the scorecard is being completed, once you hit the exit button at the end or close the window, all answers are gone.

So let's move on to module B. If you recall, module B was one that is stratified by disease. In this case we picked high blood pressure and cholesterol, so those are the only two options. For this example, although it may not be realistic for most systems, I'll alternate between "yes" and "no" for the two conditions in order to demonstrate features on the next page. And again we have one of those informational questions at the bottom that is not being scored.

So now that we've completed the two modules we selected, we are brought to our end

report. This report is automatically generated each time the scorecard is filled out based on the answers given. It provides the scores for each module, as well as some helpful considerations and additional resources that are specific to how the user answered the questions.

For module A you can see we did fairly well, scoring 75%. The percentages given are the percent of the maximum number of points you could have scored on that module, and Joanna will get into the scoring methodology for each module a little more soon. You'll remember that the one question we answered no for in module A was about having pharmacists provide CDTM and MTM. Therefore, the scorecard generated this consideration as well as some helpful resources to give some general information to help guide the user to learn more and consider taking steps to implement this strategy at their health system.

Moving on to module B, you can see we have different scores for each disease since we answered differently for both diseases in the questions. Likewise, you'll note the considerations and resources provided for these questions are specific to the disease.

At the end, we provide instructions on how to save this report for your records, as once the window is closed the report will be gone. You could print out this page, or we also give instruction to save it as a PDF, which will allow you to go back and click the links to the provided resources. Once complete, you can hit the exit button or close the window. Again, no data is stored by CDC, so we highly encourage the user to print or save this page for their records.

[click exit] That completes the demo, I'll now pass it back to Joanna to go over the methods of development for this scorecard.

Tool Development: Collecting and Rating Evidence

❑ **Inclusion criteria:**
- Articles from:
  - Peer-reviewed journals
  - Review articles
  - Web-based material
  - Cochrane reports
  - Community Guide summaries
 - U.S. Preventive Services Task Force recommendations

❑ **Exclusion criteria:**
- Pediatric populations (younger than 18 years)
- International settings

❑ **Two raters per module**

The CDC Team performed literature searches to find a broad base of evidence to support the strategies highlighted in the Scorecard modules. We included articles from peer-reviewed journals, review articles, web-based material, Cochran reports, Community Guide summaries, and US Preventive Task Force recommendations. We excluded articles focused on persons younger than 18 or pertained to international settings. Two raters were assigned to score and compare the evidence for each module.
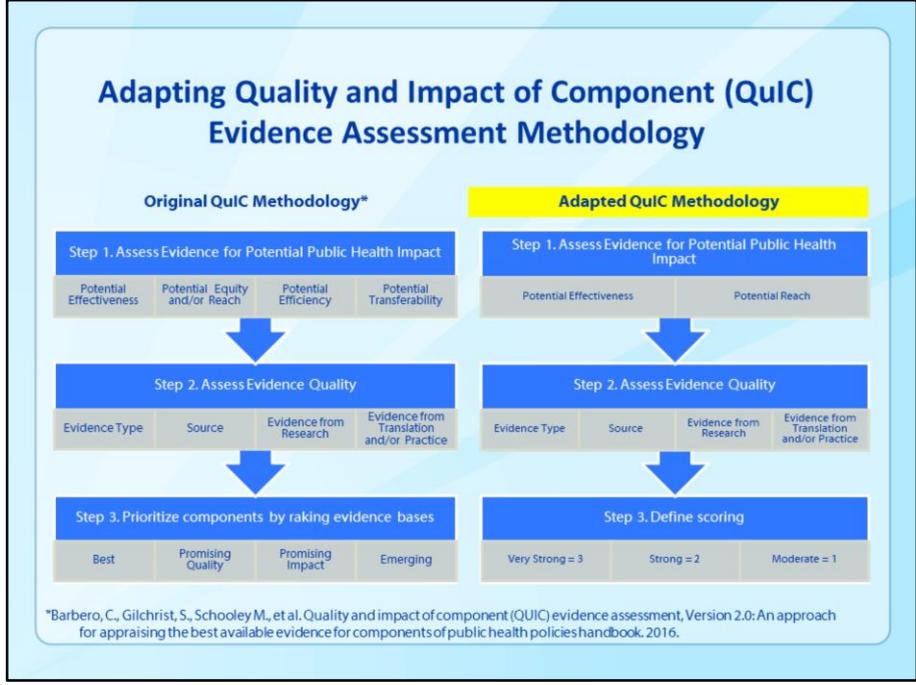
The Quality and Impact of Component Evidence Assessment Methodology, or QuIC (developed by our Applied Research and Evaluation Branch) outlines methods for assessing evidence for state policy components. Given that some of the criteria assessed using QuIC were not relevant to the Scorecard focus, the CDC Team adapted QuIC and applied a modified version to the evidence assessment for the HSSC.

This slide depicts the original version of QuIC on the left and the revised version on the right. For the Adapted QuIC Methodology, we removed the criteria for equity, efficiency, and transferability from Step 1 (the Potential Public Health Impact Assessment) and revised the scoring categories as 1=Moderate, 2=Strong, and 3=Very Strong.

Scoring Modules

Combined Scores for Potential Public Health Impact Score and Evidence Quality	Adjusted Score
5-11	1 (Moderate)
12-18	2 (Strong)
19-24	3 (Very Strong)

Once all of the evidence was rated for Potential Public Health Impact and Quality, the team assigned adjusted scores between 1 and 3, where 1=Moderate, 2=Strong, and 3=Very Strong.
The adjusted scores reflect the level of health impact that the strategy or intervention has on positive health outcomes and behaviors as well as the strength of scientific evidence supporting this impact.

Cognitive and Usability Testing

❑ **Performed by National Center for Health Statistics**
❑ **Paper version**
❑ **Cognitive interviews with 13 healthcare administrators from small to medium size primary care or ambulatory care practices**
  ▪ Skip patterns (resolved through web-based delivery)

CDC partnered with NCHS to conduct 60-minute cognitive interviews with 13 healthcare administrators during July and August 2016. The results from the testing indicated that some respondents had difficulty with skip patterns. However, these issues will be minimized or eliminated by our web-based mode of delivery.

Dissemination Plans

❑ **Email announcement to funded health departments**
- Introduction letter
- Email template and instructions for sharing with partner health systems
- FormSite accounts

CDC will notify funded local and state health departments via email of the availability of the e-Version of the Scorecard at the end of the month. State contacts will receive an introduction letter, email template, and instructions to share with eligible partner health systems in their state. State- or individual-level FormSite accounts will be established, and CDC will not receive, have access to, or store any data associated with the Scorecard.

Thank you!

Thank you for your interest and attention.

Any Questions?

At this time, we'll take questions for the presenters. Again, if you have a question, please type it into the chat box or send an email to AREBheartinfo@cdc.gov and we will share it with the presenters.

We do have a few questions for Joanna and Jack that were submitted before the presentation.

1. How were the modules of the Scorecard selected? Representatives and subject matter experts across participating divisions within CDC's National Center for Chronic Disease Prevention and Health Promotion determined the key strategies and interventions of interest for their specific health condition. And, these strategic focus areas were determined to be of importance for quality improvement at the health system level.

2. This tool seems very useful to state health departments that are currently promoting similar strategies through CDC cooperative agreements, such as 1305 and 1422. Can you speak to how the Scorecard may help to collect data to report on some of the CDC-required performance measures? The Scorecard is not a data collection survey instrument; it's mainly created to be a quality improvement tool to assess strengths and opportunities for improvement. However, a state health department may develop a

strategy to systematically implement the Scorecard with their state health systems and translate the information into data that could inform required performance measures.

Reminders!

All sessions are archived and
the slides and script can be accessed at:
http://www.cdc.gov/dhdsp/pubs/podcasts.htm

If you have any questions, comments, or topic
ideas send an email to:
AREBheartinfo@cdc.gov

All sessions are archived and the slides and script can be accessed at our Division website. Today's slides will be available in 2-3 weeks.

If you have any ideas for future topics or questions, please contact us at the listed email address on this slide.

Our next Coffee Break is scheduled for Tuesday, **July 11** and is on the topic of "xx".
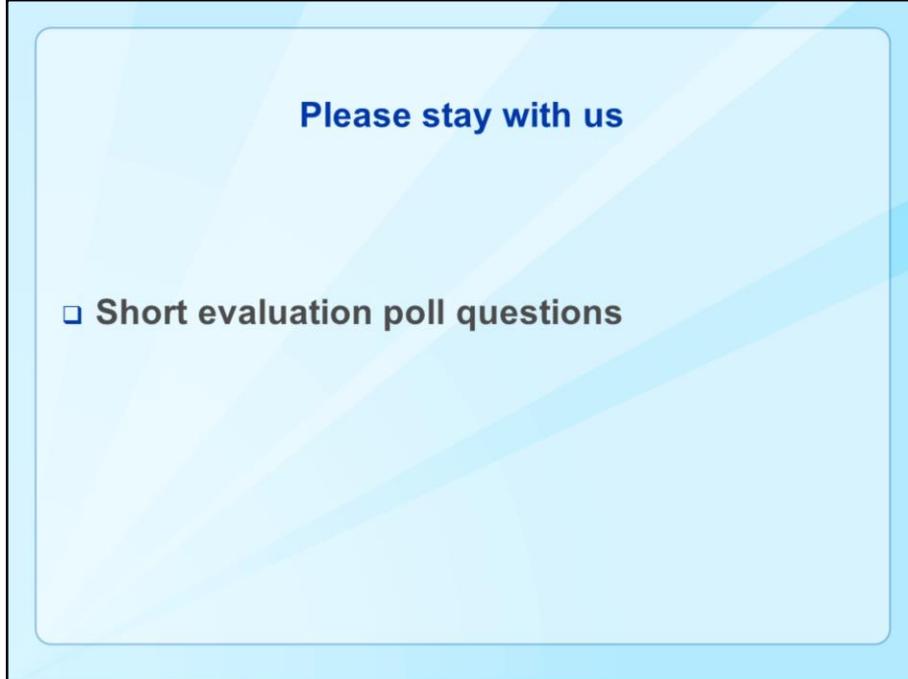
Please stay with us a few poll questions.

The information presented was helpful to me.
Yes
Somewhat
No not at all

Considering that this was a brief presentation, overall it was
Excellent
Good
Fair
Poor

I plan to attend future Coffee Break sessions
Yes
Maybe
No

Thank you for joining us. Have a terrific day everyone. This concludes today's call.